

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:) Group Art Unit: 2815
Kazuo NISHI et al.) Examiner: Matthew Warren
Serial No. 10/749,552)
Filed: January 2, 2004)
For: SEMICONDUCTOR DEVICE AND)
METHOD OF MANUFACTURING)
THEREOF)

RECEIVED
JUN 13 2008
OFFICE OF PETITIONS

PETITION TO WITHDRAW FROM ISSUE

Honorable Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petitions that the subject application be withdrawn from issue to permit consideration of an Information Disclosure Statement under 37 CFR 1.97 (submitted herewith) and a Request for Continued Examination (RCE) (also submitted herewith).

Also submitted herewith is the requisite fee of \$130.00 set forth in 37 CFR 1.17(i).

In view of the foregoing, it is urged that this petition is in order and, accordingly, a prompt grant thereof is requested.


The Commissioner is hereby authorized to charge any fees which may be further required in this application, except the issue fee, or credit any overpayment to Deposit Account No. 50-2280, under the above order number. A duplicate of this sheet is attached.

06/16/2008 CKHLOK 00000020 10749552

01 FC:1464

130.00 0P

Respectfully submitted,


Eric J. Robinson
Reg. No. 38,285
Robinson Intellectual Property Law Office, P.C.
PMB 955
21010 Southbank Street
Potomac Falls, Virginia 20165
(571) 434-6789

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)


TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/749,552	
	Filing Date	January 2, 2004	
	First Named Inventor	Kazuo NISHI et al.	
	Group Art Unit	2815	
	Examiner Name	M. Warren	
Total Number of Pages in This Submission		Attorney Docket Number	0756-7243

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to Withdraw from Issue <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. Request for Continued Examination 2. 3. 4. 5. 6.
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	June 13, 2008

CERTIFICATE OF MAILING

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Type or printed name			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FEE TRANSMITTAL
FOR FY 2007**

Effective 09/30/2007. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$ 940.00)**Complete if Known**

Application Number	10/749,552
Filing Date	January 2, 2004
First Named Inventor	Kazuo NISHI et al.
Examiner Name	Matthew E. Warren
Group Art Unit	2815
Attorney Docket No.	0756-7243

RECEIVED**JUN 13 2008****OFFICE OF PETITIONS****METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

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Account
Number

50-2280

Deposit
Account
NameRobinson Intellectual Property
Law Office

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17 and
-
- credit overpayments

☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit Card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1001	310	2001	155	Utility filing fee	
1111	510	2111	255	Search fee	
1311	210	2311	105	Examination fee	
Over 100 Sheets/260 for each additional 50					

SUBTOTAL (1)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
-20** =	X	\$50	
Independent Claims -3** =	X	\$210	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1202	50	2202	25	Claims in excess of 20	
1201	210	2201	105	Independent claims in excess of 3	
1203	370	2203	185	Multiple dependent claim, if not paid	
1204	210	2204	105	** Reissue independent claims over original patent	
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	460	2252	230	Extension for reply within second month	
1253	1,050	2253	525	Extension for reply within third month	
1254	1,640	2254	820	Extension for reply within fourth month	
1255	2,230	2255	1,115	Extension for reply within fifth month	
1401	510	2401	255	Notice of Appeal	
1402	510	2402	255	Filing a brief in support of an appeal	
1403	1,030	2403	515	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	510	2452	255	Petition to revive - unavoidable	
1453	1,540	2453	770	Petition to revive - unintentional	
1501	1,440	2501	720	Utility issue fee (or reissue)	
1502	820	2502	410	Design issue fee	
1503	1,130	2503	565	Plant issue fee	
1462	400	1462	400	Petitions, Group I	\$130.00
1463	200	1463	200	Petition, Group II	
1464	130	1464	130	Petitions, Group III	
1807	50	1807	50	Processing fee under 37 CR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	\$810.00
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$ 940.00

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SUBMITTED BY

Name (Print/Type)

Eric J. Robinson

Signature

Registration No.
(Attorney/Agent)

38,285

Complete (if applicable)

Telephone

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SUBMITTED BY

Name (Print/Type) Eric J. Robinson

Signature

Registration No. 38,285
(Attorney/Agent)

Complete (if applicable)

Telephone (571) 434-6789

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